

Approved
MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

September 13, 2007

Present: Beaufort Bailey, Carl Britton-Watkins, Wilda Brown, Terry Burgess, Zack Commander, Bill Cook, Kathy Daughtry, Carol DeBerry, Judy Dempsey, Libby Jones, Ron Kendrick, Carl Noyes, Tisha O’Neal-Gamboa, Marian Spencer, Andrea Stevens, David Taylor, Jr. and Amelia Thorpe.

Absent: Marianne Clayter, Dorothy O’Neal and Cynthia Vester.

Resigned: Fred McClure.

DMH/DD/SAS Staff Present: Secretary Dempsey Benton, Deputy Director Leza Wainwright, Dr. Mike Lancaster, Chris Phillips, Ann Remington, Cathy Kocian and Jesse Sowa.

Guests: Carolyn Anthony, Monica Foster, Gerri Smith and Judy Taylor.

Presenter & Topic	Discussion	Action
Welcome: Carl Britton-Watkins, SCFAC Chair	<ul style="list-style-type: none">• The meeting was called to order at 9:30 AM.• Carl Britton-Watkins introduced Dempsey Benton, Secretary of Department of Health and Human Services. Secretary Benton has been a long-term public servant in the state of NC and has 32 years of service with local government.	The agenda was approved with changes. The August 2007 minutes were approved.
Dempsey Benton, Secretary	<ul style="list-style-type: none">• SCFAC members introduced themselves and also provided Secretary Benton with a brief overview of their experience in disability category they each represent on the committee.• The Secretary stated that mental health, developmental disabilities and substance abuse services is a top priority and that he will focus on programmatic areas surrounding the transformation of the system. He expressed his intention to oversee system improvements with the goal of increased efficiency and effectiveness of service provision to our consumers.• The Secretary talked about 3 general areas of focus:<ol style="list-style-type: none">1. System structure- governance and management,2. Clarify how the system operates at various levels and how to improve business and services and3. Clarify roles and accountability in order to:<ul style="list-style-type: none">○ Clarify the State’s responsibility,○ Clarify the LMEs’ responsibility and○ Ensure accountability for services to the customer.• SCFAC members discussed disability-specific concerns with the Secretary regarding the way services are presently provided across the state. The Secretary acknowledged that he has heard there is a disparity of service for	

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	<p>urban and rural areas and that there is a need for adaptability. The Secretary told the group that he has reviewed the CFAC Data Report produced by SCFAC. Finally, Secretary Benton stated that the Governor has asked him to resolve issues regarding accountability.</p>	
<p>Discussion with Division Leadership Leza Wainwright</p>	<ul style="list-style-type: none"> • SCFAC members commented on payment challenges affecting providers. Leza reminded members that any willing and qualified provider may provide Medicaid services. The state is responsible for services in the state operated facilities. Provider pay issues in the community are the responsibility of the LMEs. • There was discussion about the amount of funding that each county receives from the state. Leza pointed out that, due to the rapid growth occurring in urban areas, oftentimes it is urban counties (Mecklenburg, Wake and Guilford) who are not getting their fair share. • Mike Hennike resigned as the Chief of the State Operated Services Section in July 2007. Dr. Jim Osberg has been hired as the new Chief. • Recently, Broughton Hospital was de-certified by CMS due to several incidents. The state is taking corrective action to rectify the situation. Cherry Hospital has also had several incidents but has not been de-certified. Cherry has twenty-three days to implement corrective action. • Leza reviewed the final draft of the consumer friendly version of the 2007-2010 State Strategic Plan. SCFAC members had provided feedback on the draft document and members were quite pleased with the final product. One area of concern had been that acronyms should be clearly defined for consumers and family members. • Leza mentioned that the Division is still dealing with issues with Community Support Services (CSS) for MH/SA. Expenditures for this service are still extremely excessive and it appears that some providers are over utilizing this service to offset the rate adjustment. Leza told the committee that Medicaid has the power to stop payments as well as require repayment from providers who abuse this service. • Leza gave an update on Technical Amendment #4 regarding the CAP-MR/DD Waiver Transition that will allow parents to provide fifty hours of service per week on average during the quarter. The new rules will be phased in over a six month period. In addition, Leza briefly discussed the proposal for tiered waivers mandated by the General Assembly. The proposal currently includes the following waivers: <ul style="list-style-type: none"> ○ Minimum Services (“Waiting List”) Waiver, ○ High-end Waiver for MR/MI, ○ TBI Waiver, ○ Waiver for folks living at home and ○ Waiver for folks living in group homes. 	

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	<ul style="list-style-type: none"> • Leza also gave an update on the General Assembly's mandate for cost sharing in the CAP-MR/DD waiver and co-payments for state funded services. • SCFAC members asked questions related to finding and accessing services. Leza informed the committee that the LMEs have been paid to provide this service 24/7/365 days a year since 2004. It is also the LMEs' responsibility to publicize and advertise where to go for needed services in their communities. In May, several Division staff made phone calls to every LME access line between the hours of 8:00 P.M. and 7:00 A.M. Numerous LMEs had serious shortcomings in their access systems. Most LMEs have developed plans to improve their performance; two LMEs have yet to submit acceptable corrective action plans. • Leza mentioned that the Acting U.S. Surgeon General, Rear Admiral Kenneth P. Moritsugu, presented information during a public seminar on Wednesday, September 12, 2007 about the "Call to Action to Reduce and Prevent Underage Drinking." At this time there is a pilot project in Chapel Hill that is developing school curriculum to address underage drinking and alcohol advertisements. For more information visit the website at www.ncadi.samhsa.gov • Single Stream Funding was briefly discussed and Leza mentioned the possibility of the State CFAC including in their local CFAC to SCFAC report information from the local CFACs assessing the LMEs' ability to do Single Stream Funding. 	
Smoking Issues Dr. Mike Lancaster	<ul style="list-style-type: none"> • Dr. Mike Lancaster provided the SCFAC members with a handout containing information on the impact of smoking and the effects of smoking on the treatment of individuals with severe mental illness. Rule 10A NCAC 28C .0201 <i>State Facility Environment</i> allowed for smoking in designated areas in state facilities. However, the Commission recently reviewed the rule and by a 7-5 vote waived the requirement that facilities provide "adequate areas accessible to clients who wish to smoke tobacco and areas for non smokers as requested." Therefore, the Division will be moving to make state operated facilities smoke free. • Dr. Lancaster stated that he provided the Commission with two reports: <ul style="list-style-type: none"> ○ Morbidity and Mortality of People with Mental Illness and ○ Attaining Smoke Free and/or Tobacco Free Environments. Issues regarding the health of consumers as well as smoking as a right are being considered. In addition, nicotine addiction is truly addiction and not a choice for individuals who smoke. • SCFAC members discussed smoking as a rights issue as well as the effects of second-hand smoke. Dr. Lancaster advised SCFAC members that consumers can receive help to assist with the withdrawal process by receiving the patch, 	

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	<p>gum, and/or medication. In addition, physicians have the responsibility to provide their patients with all available information as well as to instill hope to support a smoke free life. Dr. Lancaster noted that physicians have an ethical obligation to:</p> <ol style="list-style-type: none"> 1. Heal, 2. Prevent and 3. Treat illness in the most dignified way as possible. <ul style="list-style-type: none"> • SCFAC members acknowledged that nicotine is a stressor for people and has also been know to be a pre-cursor for anxiety disorders. In addition, members have some valid concerns about the future side-effects of medications. Dr. Lancaster asked SCFAC members, “Why are we supposed to treat our patients any differently than patients in other hospitals?” The SCFAC Chair reminded members that anyone who has been involuntarily committed is hospitalized because they are at potential to harm self or others. Bill Cook represents Substance Abuse on the SCFAC and he said that there is a responsibility on the facility that once staff has determined that there is the presence of addiction the addiction must be dealt with. 	
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Public Comments	<ul style="list-style-type: none"> • Terry Burgess opened discussion among SCFAC members regarding an email generated by the Chairperson, Carl Britton-Watkins. A discussion wherein intentions were clarified. • SCFAC members passed a motion to invite Verla Insko and Martin Nesbitt to a future SCFAC meeting to discuss an agenda to be determined at the October SCFAC meeting. • The committee made a request that Chris Phillips research and bring back to the committee the procedure for statutory revision. • Libby Jones attended the Surgeon General’s presentation, “Call to Action to Reduce and Prevent Underage Drinking.” Libby mentioned that the Surgeon General said parents should talk to their children early and often and stated, "Under age drinking is everybody's problem and its solution is everybody's responsibility." Libby related that he also said that the key point to make with young people is that drinking is unhealthy, unsafe and unacceptable. The Surgeon General commented on his concerns about the mixed messages that are sent to youth (i.e., when a youth comes home drunk while still in high school, the parents will say "it's a right of passage"). The following statistics were provided during his presentation: <ul style="list-style-type: none"> ○ Alcohol is the most widely used and abused drug in the nation among youth between the ages of 12 and 20. ○ Alcohol is the leading contributor to death in youth under age 21. ○ If a youth starts drinking before age 15, they are 5 times more likely to have problems as an adult. 	<p>Chris Philips will research the proper procedure needed to have the 2001 travel reimbursement law reviewed prior to Ms. Insko and Mr. Nesbitt’s visit.</p>
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	<ul style="list-style-type: none"> ○ Annually, about 5,000 people under age 21 die from alcohol related injuries involving underage drinking. ○ In NC, 69% of students in grades 9-12 have had at least 1 drink. ○ Twenty-three percent had 5 or more drinks in a row in the past 30 days which is considered binge drinking. For more information on this project, please visit the website at: www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf 	
HB 1314 CFAC Conference	<ul style="list-style-type: none"> • SCFAC members reviewed and modified a survey that will be distributed to all CFAC members across the state in order to get their input on possible topics for the CFAC training conference. • The conference will be a two-day training located in the Central Region of the state. SCFAC members have agreed to participate on several of the conference committees. Kathy Daughtry, Libby Jones and Andrea Stevens have agreed to provide feedback on the logistics. • David Taylor, Jr. pointed out the need for accessibility for all consumers and family members in order for them to attend the conference. • SCFAC members discussed potential names for the conference and one possibility is <i>Leadership Training for Consumer and Family Advisory Committees</i>. 	<p>The CFAC Conference Survey will be distributed to local CFAC members via email and hard copies will be delivered by the Consumer Empowerment Team (CET).</p> <p>The CET is handling the logistics of the conference.</p>
SCFAC December Meeting	<ul style="list-style-type: none"> • Michael Owen has offered meeting space at the N.C. Council's Pinehurst Conference for the December SCFAC meeting. There was a majority vote by SCFAC members to hold the meeting at Pinehurst on Monday, December 10, 2007, providing that the group can get out of the Holiday Inn Contract. 	Cathy Kocian will contact the Holiday Inn staff to see about the possibility of ending the contract a month early.
Core Indicators Interviews	<ul style="list-style-type: none"> • SCFAC members were given the opportunity to participate in the National Core Indicators (NCI) Project. The purpose of the project is to develop a systematic approach to documenting performance and outcome measures. One of the primary activities of NCI is a face-to-face interview with consumers and care providers that assesses consumers' satisfaction with the services they receive and informs the Division of areas that need improvement. 	The following SCFAC members showed an interest in assisting with this project: Carl Noyes, Carl Britton-Watkins, Judy Dempsey, Kathy Daughtry, Amelia Thorpe and Andrea Stevens.
External Advisory Team (EAT) Judy Dempsey	<ul style="list-style-type: none"> • Judy Dempsey provided feedback from the EAT meeting. Discussion points included: <ol style="list-style-type: none"> 1. Does there need to be credentialing/training for supervisors? 2. Should there be two types of Qualified Professionals, those who can supervise and those who cannot? 	
Study Group on Guardianship	<ul style="list-style-type: none"> • Carl Britton-Watkins acknowledged that Wilda Brown has had to resign as acting chair of the Guardianship sub-committee due to personal issues. • SCFAC members briefly discussed the survey that has been developed to gather feedback from the LMEs and providers regarding Guardianship issues. 	SCFAC members approved Carol DeBerry as the new Chair.

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SCFAC Communications Committee Marian Spencer, Kathy Daughtry and David Taylor, Jr.	<ul style="list-style-type: none"> • Kathy Daughtry developed the CFAC Data Report final responses that will be sent to CFACs. • Brief discussion was held regarding one of the questions, <i>What is SCFAC doing for other CFACs?</i> SCFAC members pointed out that, other than receiving the findings and recommendations of the local CFACs and providing technical assistance to them, State CFAC has no other role regarding the local committees. 	The final responses will be distributed to local CFAC groups and CFAC Liaisons.
Next Meeting Date	The next meeting is scheduled for October 11, 2007, from 9:30 A.M.–3:00 P.M. Meetings are held at the Holiday Inn North, 2805 Highwoods Blvd., Raleigh.	
October 2007 Meeting Agenda	Approval of the Agenda. Approval of the September 2007 minutes. Discussion with Division Leadership. Public Comment & Issues Session. External Advisory Team and Staff Qualifications Workgroup Update. Executive Leadership Team Update. Agenda Discussion regarding issues for Verla Insko and Martin Nesbit. 2001 Mileage Rate Law. SCFAC Presentation at the Quality Management Conference.	
Future Discussion	Bob Kurtz, Presentation on the Crisis Intervention Team (CIT) projects. Budget Presentation from Kent Woodson, Division of MH/DD/SAS	